

External Online Renewal Guide for Residential Licensing



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Visit our website at www.azdhs.gov

- Select “*Divisions*”
- Then “*Residential Facilities Licensing*”

Arizona Department of Health Services - Windows Internet Explorer provided by ADHS

http://azdhs.gov/

Search az.gov

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- Select “Online Renewal Service”

Arizona Department of Health Services - Residential Facilities Licensing - Home - Windows Internet Explorer provided by ADHS

http://azdhs.gov/licensing/residential-facilities/index.ph

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Home

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Home

- **Online Renewal Services** are now available for facilities to renew their license.
- Additional information regarding the online renewal process.

AZ Care Check

A searchable database of deficiencies and enforcement actions in licensed facilities.

Online Complaint Form

An online form to submit a complaint about a suspected violation by a residential facility.

License Application Forms

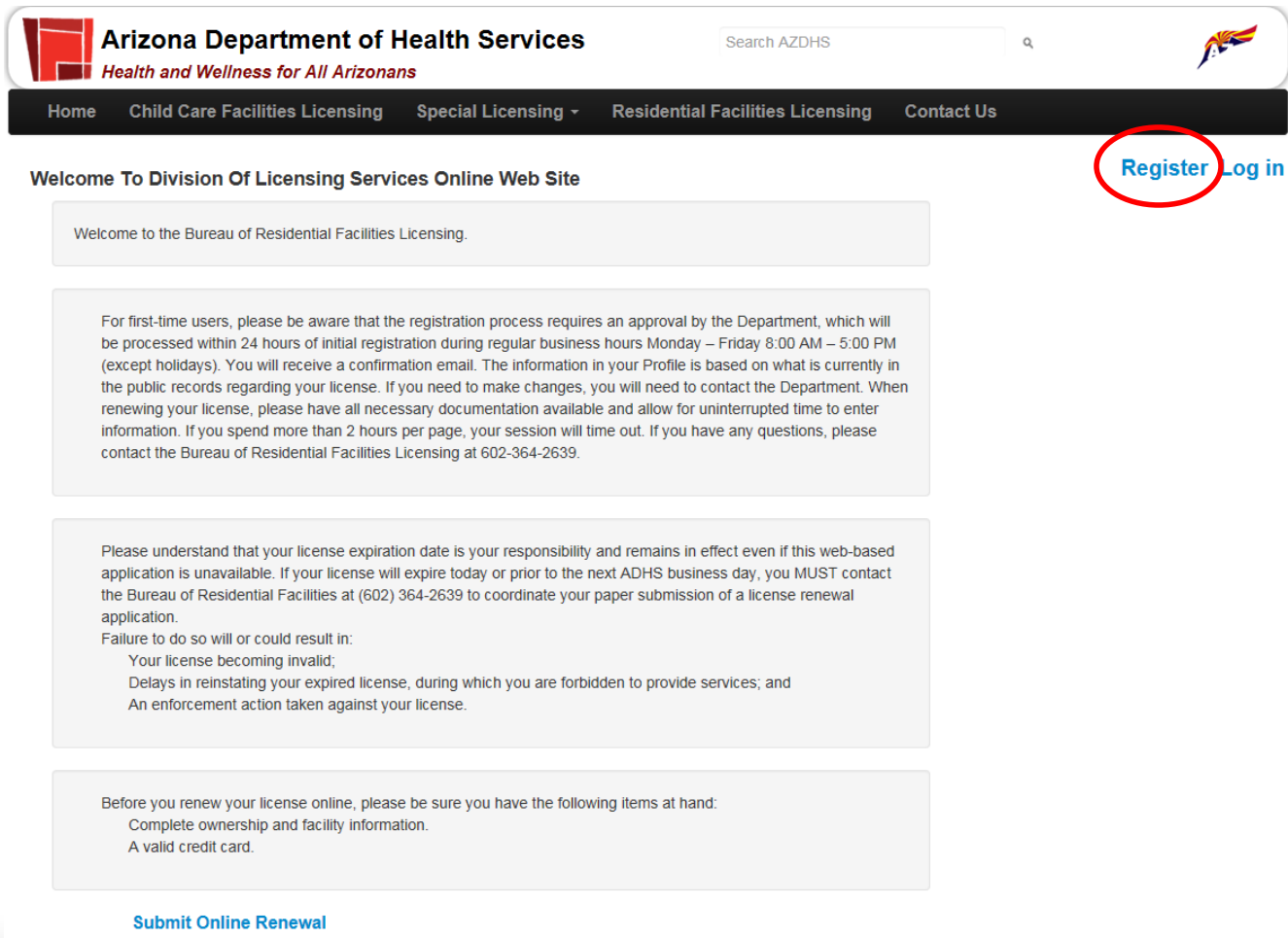
Applications and other forms for providers.

Provider Training

Info about upcoming trainings which includes various classes and topics.

The Bureau of Residential Facilities Licensing licenses and regulates Residential Healthcare Facilities, including Assisted Living Centers/Homes and Behavioral Health Residential Facilities, along with Adult Day Health Care Facilities, Adult Foster Care Homes, Behavioral Health Respite Homes, and Behavioral Health Therapeutic Homes.

- Select “Register”



The screenshot shows the Arizona Department of Health Services website. The header includes the department's logo, name, and tagline, along with a search bar and navigation links. The 'Register' link is highlighted with a red circle. Below the header, there is a welcome message and several informational boxes regarding the licensing process, including a 'Submit Online Renewal' button.

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Home Child Care Facilities Licensing Special Licensing Residential Facilities Licensing Contact Us

Welcome To Division Of Licensing Services Online Web Site

Welcome to the Bureau of Residential Facilities Licensing.

For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email. The information in your Profile is based on what is currently in the public records regarding your license. If you need to make changes, you will need to contact the Department. When renewing your license, please have all necessary documentation available and allow for uninterrupted time to enter information. If you spend more than 2 hours per page, your session will time out. If you have any questions, please contact the Bureau of Residential Facilities Licensing at 602-364-2639.

Please understand that your license expiration date is your responsibility and remains in effect even if this web-based application is unavailable. If your license will expire today or prior to the next ADHS business day, you MUST contact the Bureau of Residential Facilities at (602) 364-2639 to coordinate your paper submission of a license renewal application.

Failure to do so will or could result in:

- Your license becoming invalid;
- Delays in reinstating your expired license, during which you are forbidden to provide services; and
- An enforcement action taken against your license.

Before you renew your license online, please be sure you have the following items at hand:

- Complete ownership and facility information.
- A valid credit card.

[Submit Online Renewal](#)



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- Create a user name and password
- Write this down & keep it in a safe place, as it will be required each time you log in
- In the “I am registering as” box: Select, “*Residential Facilities Provider*”
- Use the “Name of owner” box & select the owner name from the drop down list, then in “FAC ID” select, the license number or All Facilities. **If you have more than 1 facility we encourage you to “register all”**
- Upon completing, select “*Register*”

The screenshot shows the registration page for the Arizona Department of Health Services. The header includes the department's logo, name, and a search bar. The navigation bar lists: Home, Child Care Facilities Licensing, Special Licensing, Residential Facilities Licensing, and Contact Us. The main heading is "Register." with links for "Register" and "Log in". Below this is a section "Create a new account." with a note: "Before you move forward to register and create your account, you should take the time to develop and write down on a piece of paper a unique password as you will need to enter that password twice."

The registration form includes the following fields:

- User name
- Password (with a note: "Password should be at least 8 characters long and includes at least one upper case, one lower case, one number and one special character [!@#\$%^&*()_+.")
- Confirm password
- Email
- Confirm Email
- First Name
- Last Name
- Phone
- "I am registering as" dropdown menu (with an arrow pointing to it, showing "Residential Facilities Provider" selected)
- "Name of Owner" dropdown menu (with an arrow pointing to it, showing "LIFESTREAM COMPLETE SENIOR LIVING INC" selected)
- "FAC ID" dropdown menu (with an arrow pointing to it, showing a list of options including "Select FAC ID", "All Facilities", and various license numbers like "AL0015", "AL0028", "AL6477", "AL6479", "AL7622", "AL7695", "AL9488", and "AL9740")
- A red box highlights the "Register" button.

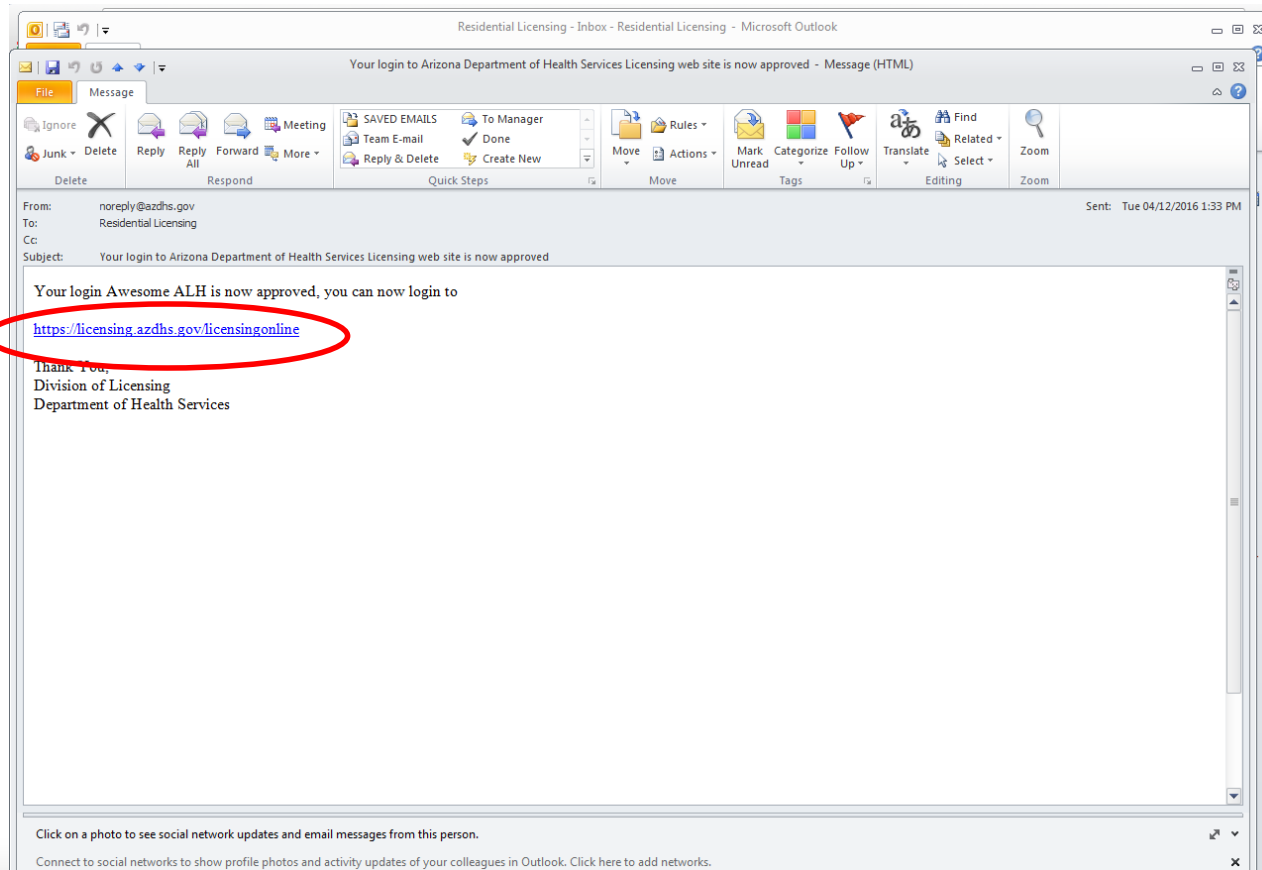
The footer of the page reads: "Division Of Licensing Services | Arizona Department of Health Services".



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- You will get a notification email informing you that you have been approved within 48 hours.
- Upon approval, you can start the online renewal process.
- Click the link and it will redirect you to the log in page



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- Select “Log in” at the top right corner
- Insert the approved user name password
- Select “Log in” below the password box

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Register Log in

Home Child Care Facilities Licensing Special Licensing Residential Facilities Licensing Long Term Care Facilities Licensing Contact Us

Log in

User name

Password

Log in

Register if you don't have an account.


Click here for Help




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- Read the terms as they are important!
- Select “*Submit Online Renewal*”

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Welcome To Division Of Licensing Services Online Web Site [Register](#) [Log in](#)

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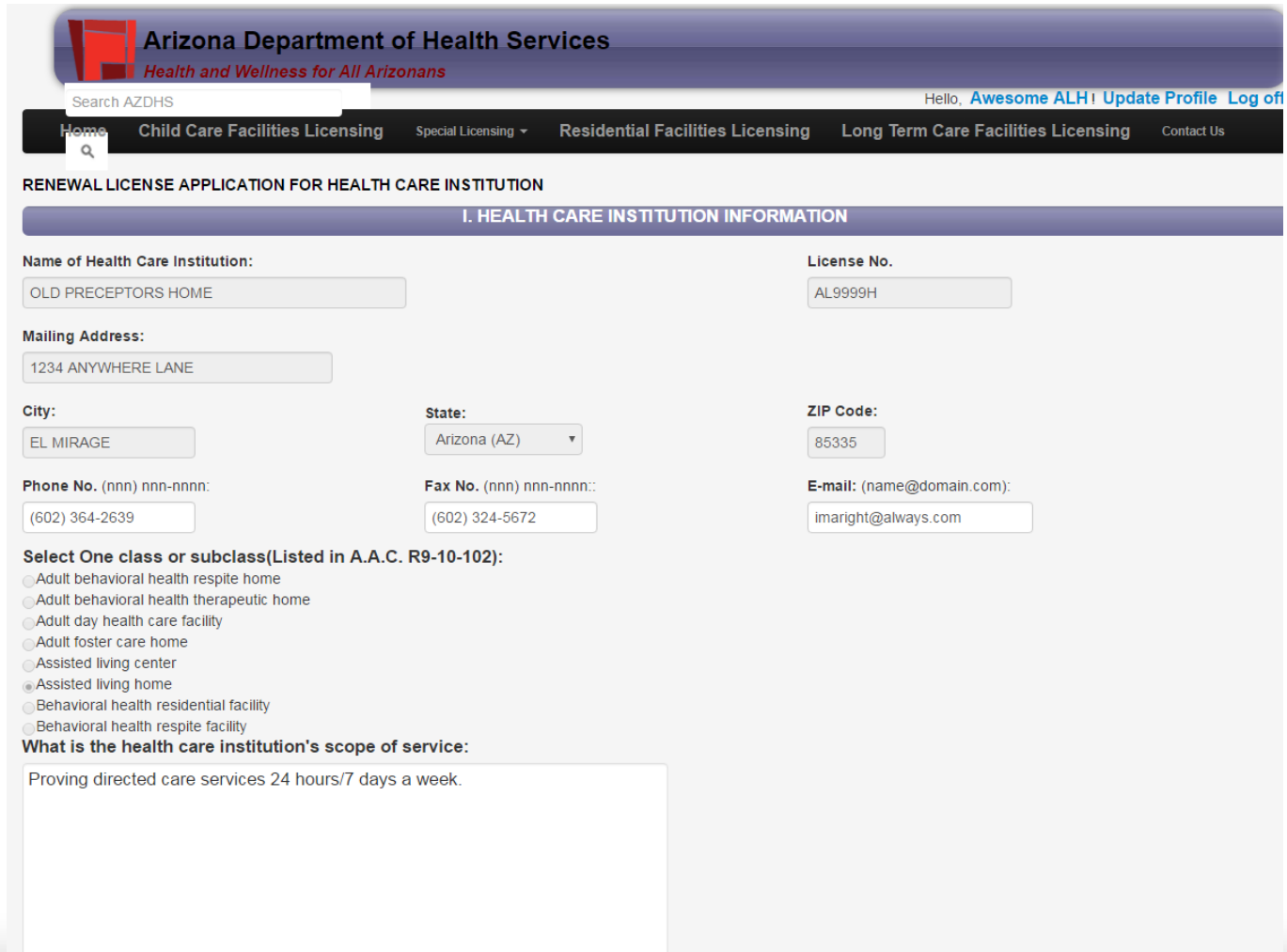
[Submit Online Renewal](#)



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- Enter the “Health Care Institution Information”



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Search AZDHS Hello, [Awesome ALH](#) | [Update Profile](#) [Log off](#)

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RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution:
OLD PRECEPTORS HOME

License No.
AL9999H

Mailing Address:
1234 ANYWHERE LANE

City:
EL MIRAGE

State:
Arizona (AZ)

ZIP Code:
85335

Phone No. (nnn) nnn-nnnn:
(602) 364-2639

Fax No. (nnn) nnn-nnnn:
(602) 324-5672

E-mail: (name@domain.com):
imaright@always.com

Select One class or subclass(Listed in A.A.C. R9-10-102):

- ☐ Adult behavioral health respite home
- ☐ Adult behavioral health therapeutic home
- ☐ Adult day health care facility
- ☐ Adult foster care home
- ☐ Assisted living center
- ☒ Assisted living home
- ☐ Behavioral health residential facility
- ☐ Behavioral health respite facility

What is the health care institution's scope of service:
Providing directed care services 24 hours/7 days a week.



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Continue entering the “Health Care Institution Information”

What is the health care institution's scope of service:

24 hour directed care Assisted Living Home providing; activities of daily living, medication, meal preparation, and scheduled daily activities that require interactions with staff or other residents.

- If you select “yes”
- Use the “choose file” box to attach the accreditation report

Health care institution's day and hours of operation: ☒ 24/7

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
24	24	24	24	24	24	24

Is health Care Institution accredited?

☐ Yes ☒ No

Name of accrediting organization(must be from a nationally recognized organization)

Select ▼

SUBMIT, if applicable a copy of the full accreditation report and cover letter.

Choose File No file chosen

Choose File No file chosen

Is health Care Institution requesting certification under Title XIX if the Social Security Act?

☐ Yes ☒ No


Continue




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- Enter the “Owner Information”




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RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

II. OWNER INFORMATION

Owner's Name:

Street Address:

City:

State:

ZIP Code:

Phone No. (nnn) nnn-xxxx:

Fax No. (nnn) nnn-xxxx:

The owner is a (select one)
☐ Sole proprietorship
 ☐ Corporation
 ☐ Partnership
 ☒ Limited liability partnership
 ☐ Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;

If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

If the owner is a corporation, the name and title of each corporate officer; or

If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: <input type="text" value="Imma Right"/>	Title: <input type="text" value="CEO"/>
Name: <input type="text"/>	Title: <input type="text"/>
Name: <input type="text"/>	Title: <input type="text"/>

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?



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- Continue entering the “Owner Information”

The owner is a (select one)

- ☐ Sole proprietorship ☐ Corporation ☐ Partnership
☐ Limited liability partnership ☒ Limited liability company ☐ Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;

If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

If the owner is a corporation, the name and title of each corporate officer; or

If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: Title:

Name: Title:

Name: Title:

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?

☐ Yes ☒ No

If Yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license :

Name: Address:


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- Continuance of “Owner Information”



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RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

☐ Yes ☒ No

If Yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Name: Address:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10- 108(C)(2) ?

☒ Yes ☐ No



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- Starting Page 3
- Enter Information as appropriate:

III. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name:

Imma Right

Title:

Statutory Agent/Certified Manager/CEO

Street Address:

1234 ANYWHERE LANE

City:

1234 ANYWHERE LANE

State:

Arizona (AZ)

ZIP Code:

85335

Phone No. (nnn) nnn-nnnn:

(602) 364-2939

IV. GOVERNING AUTHORITY

Name:

Imma Right

Street Address:

1234 ANYWHERE LANE

City:

1234 ANYWHERE LANE

State:

Arizona (AZ)

ZIP Code:

85335

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- Starting Page 4
- Enter Information as appropriate:

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RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

V. CHIEF ADMINISTRATIVE OFFICER

Name: Imma Right Title: Cert. Manager

Highest Educational Degree: High School Graduate

Work experience related to the health care institution class or subclass related to licensing requested:
10 years of caregiver experience

[Choose File](#) No file chosen

Resume upload available



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Continued

VI. SIGNATURES

- 1.If the applicant is an individual, the owner of the health care institution.
- 2.If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
- 3.If the applicant is a governmental agency, the head of the governmental agency.

Signature

Title

Imma Right

CEO

- If you select “yes”
- Use the “choose file” box to upload the lease agreement

VII. ADDITIONAL DOCUMENTATION

If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility. ☐ Yes ☒ No

Choose File

No file chosen

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- Fee break down sheet, please review it before proceeding to the next page.

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RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

FEES			AMOUNT DUE
Application Fee: (Due when application is submitted)			50
Licensed Capacity:	License Fee:	# of Beds x 70 each:	Total License Fee + Number of Beds Fee:
5	280	350	630
Add Enforcement Fees owed: Enforcement Fees previously owed: +\$0 Enforcement Fees currently owed for late Fee: +\$0			Total Enforcement Fees Owed: <input style="width: 100%;" type="text" value="0"/>
Total Amount Due:			680

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. 36-405(B)(6), 36-882(f) and 36-897.01(c), except as provided in A.R.S. 41-1077. **NOTE:** Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans' Home, Arizona State Hospital or adult foster care settings. Authority: A.R.S. 36-405

Please note that The Bureau will not receive your application unless the payment process is completed and the credit card payment is approved.

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[Submit Renewal Fee](#)



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- Checkout process:
- Enter your credit card information, then select “continue”.

State of Arizona
State of Arizona
Checkout Utility
AZ.GOV
Arizona's Official Web Site
FAQ | HELP

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

Payment Information



☆ Indicates Required Field

Please enter the customer's billing and credit card information. Click the continue button to go to the Order Review page to authorize payment.

CHECKOUT - PAYMENT INFORMATION

☆ First Name: Imma	☆ Last Name: Right
☆ Billing Address: 1234 ANYWHERE LANE	☆ City: EL MIRAGE
☆ State: AZ ▼	☆ Zip: only 5 digits 85335
Email: (receipt will be emailed to you) Residential.Licensing@azdhs.gov	☆ Phone Number: 602-364-2639


The following credit cards are accepted

☆ Credit Card Number:
4111111111111111

☆ Expiration Date:
January ▼ 2021 ▼

☆ CSV:
111

 CVV number
CVV number is a 3 digit code on the back of your Visa or MasterCard.



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Order Review

Please review your order and ensure the information below is correct before proceeding.

If you agree with the information as displayed, please click the "Authorize" button to process the credit card payment.

BILLING INFORMATION

Name: Imma Right
Address: 1234 ANYWHERE LANE, EL MIRAGE, AZ 85335
Phone: 602-384-2839
Email: Residential.Licensing@azdhs.gov

EDIT

ACCOUNT INFORMATION

VISA
4*****1111 EXP01/2021

EDIT

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
938	HSDLS075	AL NO CAP & 1-59 BEDS	\$280.00	1	\$280.00
938	HSDLS095	AL FEE PER BED	\$350.00	1	\$350.00
938	HSDLS185	HLTH FACILITY APP FEE	\$50.00	1	\$50.00
938	TOTAL				\$680.00

NOTES

Licensure Fee Application for AL9999H

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$680.00

The total amount to be billed to your credit card is \$680.00

PREVIOUS

AUTHORIZE

- Review the order carefully the Select "Authorize" to continue with the renewal.
- Notice the "order info" box has a summary of charges.



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- Once you authorize the payment, the portal will allow you to print a receipt.
- Select “continue”


YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.

Your authorization number is 379127.

Please reference this number in any correspondence regarding your transaction.

[Click here to download receipt](#)
[Printer Friendly Version \(PDF\)](#)

 [Get the Adobe Acrobat Reader](#)

BILLING INFORMATION

Name: Imma Right
Address: 1234 ANYWHERE LANE, EL MIRAGE, AZ 85335
Phone: 602-364-2639
Email: Residential.Licensing@azdhs.gov

ACCOUNT INFORMATION

VISA
 4*****1111

PAYMENT DATE

DATE:
 Wed, 13 Apr 2016 15:31:47 MST

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
938	HSDLS075	AL NO CAP & 1-59 BEDS	\$280.00	1	\$280.00
938	HSDLS095	AL FEE PER BED	\$350.00	1	\$350.00
938	HSDLS185	HLTH FACILITY APP FEE	\$50.00	1	\$50.00
938		TOTAL			\$680.00

NOTES

Licensure Fee Application for AL9999H

The following amount was billed to your credit card. Your credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$680.00

The total amount billed to your credit card is \$680.00

[Printer Friendly Version \(PDF\)](#)

CONTINUE



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- Print preview view. Please print this and save it for your records.

AZ.GOV

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Payment Receipt

Licensure Fee Application

Order Number: 983	Authorization Code: 380196	Partial Card Number: 1111	Card Type: Visa	Payment Status: Approved	Payment Date: 6/16/2016 4:15:05 PM
-----------------------------	--------------------------------------	-------------------------------------	---------------------------	------------------------------------	--

Name of Health Care Institution:	OLD PRECEPTORS HOME
---	---------------------

License Number:	AL9999H	License Expiration Date:	08/31/2016
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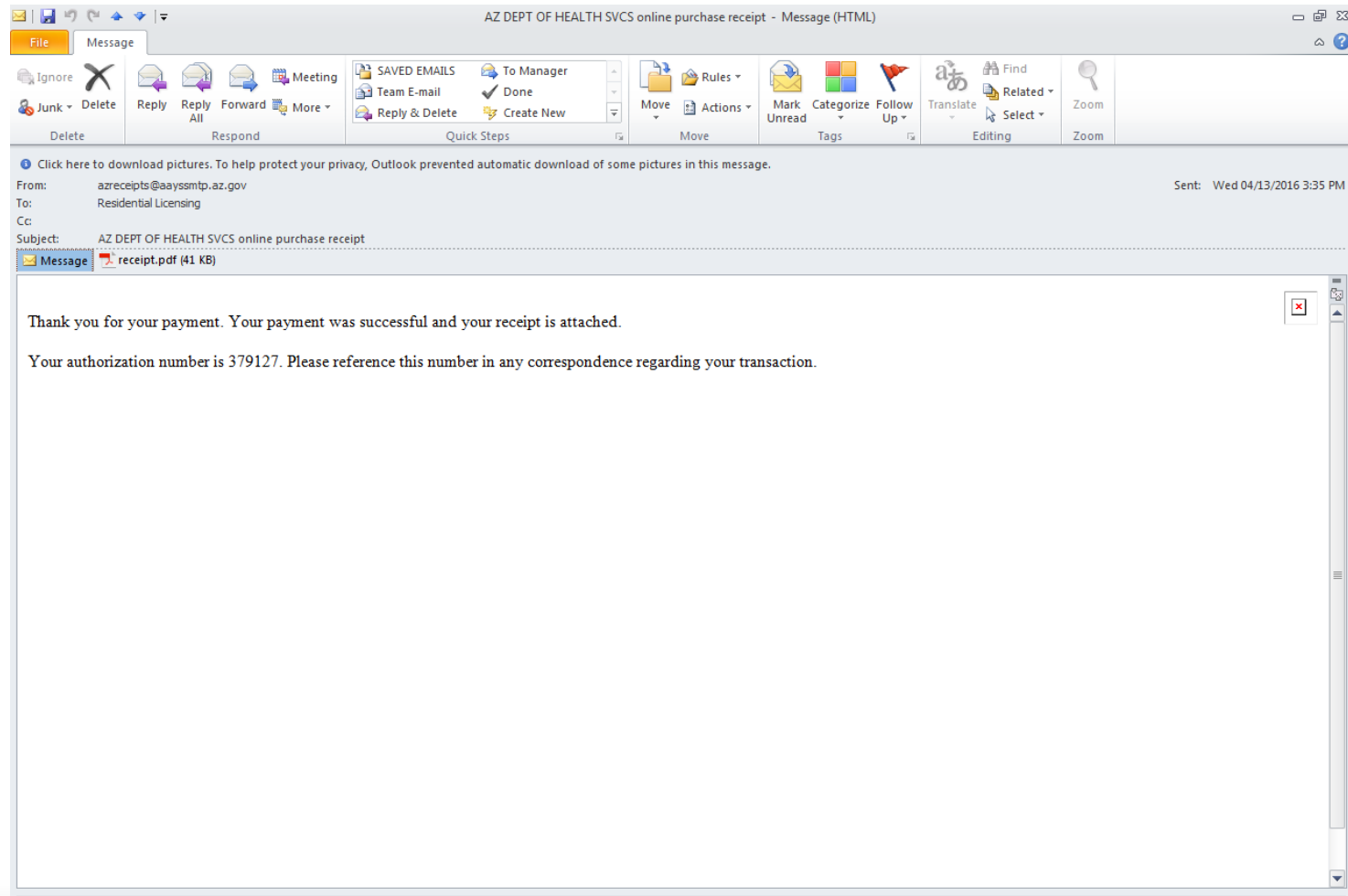
FEES			AMOUNT DUE
Application Fee:(Due when application is submitted)			50
Licensed Capacity:	License Fee:	# of Beds x 70 each:	Total License Fee + Number of Beds Fee:
5	280	350	630
Total Amount Due:			\$680
Enforcement Fees Paid:			\$0
Total Amount Paid:			\$680



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- Fee status will be sent by email, check your email soon after, as these emails generate quickly.



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- This official receipt will be emailed to your email address.
- **Congratulations!! You submitted your online renewal successfully.**



Billing Date Wed, 13 Apr 2016 15:31:47 MST

Payment is complete. Print this receipt for your records.

Your authorization number is 379127.

Please reference this number in any correspondence regarding your transaction.

Billing Information

Imma, Right

1234 ANYWHERE LANE

EL MIRAGE AZ 85335

602-364-2639

Residential.Licensing@azdhs.gov

Account Information

VISA

4*****1111 EXP. 01/2021

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